

2/3/2020

Division of Corporations

L20 000 033611  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000039001 3)))



H200000390013ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**ORALI, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
2020 FEB -4 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2020 FEB -4 AM 7:57  
FLORIDA DEPARTMENT OF STATE  
COMMERCIAL SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

2/5/2020

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The Name of the Limited Liability Company is: **ORALI, LLC**

**ARTICLE II – Principal Office**

The mailing address and street address of the principal office of the Limited Liability Company is: **1629 and 1633 NW 27 Avenue Miami, FL 33125**

**ARTICLE III – Purpose and Powers**

Except as restricted by these Articles of Organization, this limited liability company is organized for each and every legal and lawful purpose for which a limited liability company may be organized pursuant to the Florida Limited Liability Act.

**ARTICLE IV - Duration**

The period of duration for the Limited Liability Company shall be: **Perpetual**

**ARTICLE V – Initial Managers and Management**

The Limited Liability Company is to be managed by two managers and the name and address of such managers who are to serve as managers are:

**Names: ALICIA MANUELA HIDALGO AND ORLANDO LORENZO HIDALGO**  
**Address: 1629 and 1633 NW 27 Avenue Miami, FL 33125**

The initial managers shall serve until the first annual meeting of the members, or until their successors are elected and qualified, or until their death or resignation.

**ARTICLE VI - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: **Pursuant to the Operating Agreement**

**ARTICLE VII - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: **Pursuant to the Operating Agreement.**

((H20000039001 3)))

#### ARTICLE VIII – Initial Registered Agent and Office

The initial registered agent for this limited liability company and the street address of the initial registered agent are:

Name: Jorge A. Fernandez, Esquire  
Address: 2600 Douglas Rd PH-8 Coral Gables, FL 33134

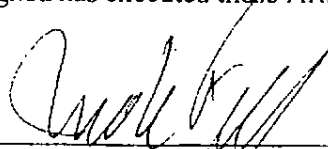
#### ARTICLE IX – Regulations

The regulations of this limited liability company may only be adopted, amended, altered or repealed: As provided for in the Operating Agreement.

#### ARTICLE X – Amendments

This limited liability company reserves the right to amend, alter or repeal any provision contained in these Articles of Organization in accordance with the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 28<sup>th</sup> day of January , 2020.

  
\_\_\_\_\_  
Jorge A. Fernandez, Esquire  
Authorized Representative of the members.

FILED  
2020 FEB -4 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

((H20000039001 3)))

(((H20000039001 3)))

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0203 (1) (b) FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**ORALI, LLC**

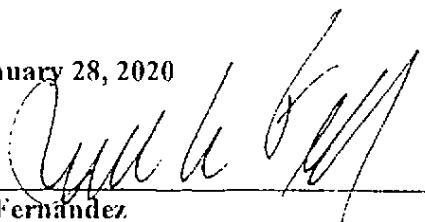
1. The name and street address of the registered agent is:

Name: **Jorge A. Fernandez, Esquire**

Address: **2600 Douglas Rd PH-8 Coral Gables, FL 33134**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Date: **January 28, 2020**

  
\_\_\_\_\_  
**Jorge A. Fernandez**

**FILED**  
**2020 FEB -4 PM 1:42**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

(((H20000039001 3)))